

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

965

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

1003

Registrar's No.

458

1. PLACE OF DEATH:

- (a) County 3829 Holly Hills Blvd.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3829 Holly Hills Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN. BERNARD VENKER

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife DECEASED 6. (c) Age of husband or wife if alive years

7. Birth date of deceased MAY 20 1860
(Month) (Day) (Year)

8. AGE: Years 81-YEARS Months 8 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Rubber Stamp

11. Industry or business Barnard Stationery Co.

12. Name Henry Venker

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gerard Venker

(b) Address 947 Bellvue Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Parlo Cem.

18. (a) Signature of funeral director Engelmann & Co.

(b) Address 3819 S. Grand Blvd

19. (a) JAN 15 1942 (Date received local registrar) (b) J. J. Presack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3829 Holly Hills Blvd. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1942 hour 5:15 minute A M.

21. I hereby certify that I attended the deceased from Jan 1, 1940 to Jan 14, 1942 that I last saw him alive on Jan 13, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis Duration

Due to Senility (age 81)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury

23. Signature E. S. Permon (M. D. or other)

Address 3114 So. Grand Date signed 1/14/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Virgil L. Berayman*
Licensed Embalmer No. *4018*
P. O. Address..... *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.